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IMPORTANT KENTUCKY PHARMACY INFORMATION FOR PHARMACY PROVIDERS

CHFS/KDMS Policy Change January 5, 2005

Effective January 12, 2005, The pharmacy reimbursement system will no longer be the payment source for the over the counter medications listed below. These medications will be included in the Nursing Facility per diem rate. Pharmacy reimbursement for these medications will continue for Personal Care recipients.

Over the Counter Medications
Aluminum/Magnesium Hydroxide Suspension
Concentrated Aluminum/Magnesium Hydroxide Suspension
Aluminum/Magnesium Hydroxide+Simethicone Susp.
Concentrated Aluminum/Magnesium Hydroxide+Simethicone Susp
Kaolin/Pectin Suspension
Kaolin/Pectin w/ Belladonna Alkaloids Susp
Bismuth Subsalicylate Susp
Docusate Sodium 100mg CAP
Milk of Magnesia
Mineral Oil
Bisacodyl 5mg TAB
Milk of Magnesia w/ Cascara Sagrada
Guaifenesin Syrup
Acetaminophen 325mg TAB
Aspirin 650mg Compressed TAB
Acetaminophen 650mg Supp or Aspirin 650mg Suppositories
Acetaminophen 160mg/5ml Elixir
Isopropyl Alcohol 70%
Hydrogen Peroxide 10%
Neomycin/Polymycin/Bacitracin Topical Ointment
Povidone Iodine Solution
Topical Skin Moisturizing Lotion
Mouthwash